

**Meeting of the Oxford Health NHS Foundation Trust**

**Board of Directors**

Minutes of a meeting held on

24 May 2018 at 08:30

Leylandii Room, Learning & Development

5th Floor, Unipart House, Cowley, Oxford OX4 2PG

**Present:**

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| Martin Howell | Trust Chair (the Chair) (**MGH**) |
| John Allison | Non-Executive Director (**JAl**) |
| Ros Alstead | Director of Nursing & Clinical Standards (**RA**)  |
| Stuart Bell | Chief Executive (**SB**) |
| Tim Boylin | Director of HR (**TB**)[[1]](#footnote-1) |
| Alyson Coates | Non-Executive Director (**AC**) |
| Mark Hancock | Medical Director (**MHa**) |
| Dominic Hardisty | Chief Operating Officer (**DH**) |
| Chris Hurst | Non-Executive Director (**CMH**) |
| Mike McEnaney | Director of Finance (**MME**) *part meeting* |
| Kerry Rogers | Director of Corporate Affairs & Company Secretary (**KR**)[[2]](#footnote-2) |
| Martyn Ward | Director of Strategy & Performance (**MW**)[[3]](#footnote-3) |
| Lucy Weston | Associate Non-Executive Director (**LW**)[[4]](#footnote-4) |
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| **In attendance:** |
| Adam Perryman | Financial Controller |
| Hannah Smith | Assistant Trust Secretary (Minutes) (**HS**) |

*The meeting was not quorate until item BOD 84/18(c).* *A quorum is two thirds of the whole number of members of the Board (including at least 1 Non-Executive Director and 1 Executive) – Standing Orders 3.12.1. Where the voting members of the Board are 13, a quorum of two thirds with a vote is 9.*

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| **BOD****80/18**ab | **Welcome and Apologies for Absence**The Chair welcomed members of the Board present and staff, governors and members of the public who had attended to observe the meeting. Apologies for absence were received from: Jonathan Asbridge, Non-Executive Director; Sue Dopson, Non-Executive Director; Bernard Galton, Non-Executive Director; and Aroop Mozumder, Non-Executive Director.  |  |
| **BOD 81/18**abc | **Declarations of Interests**The Chair presented the report BOD 61/2018 which set out the Register of Directors’ Interests. The Assistant Trust Secretary noted that comments had been received from Bernard Galton to include reference to management consultancy amongst his interests; this would be included in the version to be published amongst the declarations on the website. No interests were declared pertinent to matters on the agenda. **The Board noted the report.**  |  |
| **BOD 82/18**abc | **Minutes of the Meeting held on 25 April 2018**The Minutes of the meeting were approved as a true and accurate record. ***Matters Arising*** **Item BOD 63/18(c) Care Quality Commission (CQC) Oxfordshire local system action plan – role for the Quality Committee to review**The Trust Chair noted that it would be useful to report progress back to the next Board meeting and that thereafter review of the CQC Oxfordshire local system action plan could be through the Quality Committee. **Item BOD 67/18(h)-(j) Strategic focus on workforce**The Director of Strategy & Performance reported that he was discussing with the Director of HR and the Director of Corporate Affairs & Company Secretary proposals for the Board to have a separate strategic session on workforce/the wider HR Strategy.  | **DH** |
| de | The Board noted that the following actions were on hold for future reporting: BOD 70/18(c) (Access to Healthcare for people with Learning Disabilities update); BOD 75/18(b) (Board Assurance Framework); BOD 75/18(c) (Board agendas – highlighting of extreme risks); BOD 180/17(b)-(c) (Board Assurance Framework); BOD 45/18(g) (Out Of Hours service); and BOD 49/18 (b) & (e) (Development of R&D reporting). The Board confirmed that the remaining actions from the 25 April 2018, 29 March 2019 and 28 February 2018 Summary of Actions had been completed, actioned or were on the agenda for the meeting: BOD 36/18(a); BOD 43/18(p); BOD 56/18(e); BOD 63/18(f); BOD 67/18(b); and BOD 76/18(b).  |  |
| **BOD 83/18**abcd | **Trust Annual Report 2017/18 including the Quality Report 2017/18**The Director of Nursing & Clinical Standards presented the report BOD 65/2018 which set out the Quality Report and confirmed that the external audit had identified one minor issue with indicators, which had now been rectified. Stakeholder comments were also included at the end of the Quality Report. The Director of Corporate Affairs & Company Secretary presented the report BOD 64/2018 which set out the text of the Trust’s Annual Report. A penultimate version had been included in Board packs but she tabled a final version which included final comments further to review by the Audit Committee; this would also be circulated following the meeting. Following discussion at the Audit Committee meeting, the four Internal Audit reports which had received ‘limited’ assurance in-year had been reviewed and the Chair of the Audit Committee had agreed that these did not need to be specifically referenced in the Annual Governance Statement. The Trust Chair noted the tight timeline to produce the Annual Report and other year-end documents, and the work which had needed to take place to produce the year-end documents to the meeting, and noted that if the timescale were similarly tight next year then the development process should be reviewed. The Trust Chair noted that the deadline for submission to NHS Improvement was 29 May 2018, the day after the bank holiday, and that the Trust was ahead of its submission deadline. **The Board noted that final review and, if appropriate, approval of the Trust Annual Report and Quality Report 2017/18 would need to wait until the meeting was quorate.**  | **HS** |
| **BOD 84/18**abcdefghijk | **Chief Executive’s Report** The Chief Executive presented the report BOD 66/2018 which provided an update against recent national and local issues. ***Adequacy of funding for mental health services and agreement of local contracts***The Chief Executive noted that contracts for FY19 had not yet been signed and the contractual situation in Buckinghamshire was now uncertain given the deficit position of Buckinghamshire CCG. He also expressed concern that Buckinghamshire CCG may no longer fund the development of a core 24 mental health liaison service at Stoke Mandeville, which would impact upon achievement of objectives under the Mental Health Five Year Forward View. In Oxfordshire, the adequacy of funding for mental health services, along with the treatment of mental health compared to physical health, remained a key issue. The Trust may meet with NHS England and NHS Improvement to discuss the situation. The Trust continued to evidence activity increases and high levels of efficiency. However, the Trust was now preparing for the possibility that thresholds for access to services may need to be reviewed so as to have a realistic prospect of reducing activity levels to the capacity which it was funded to provide. This would be undesirable and would have implications for the wider health and care system; for example, it may mean an increase in waiting times for routine appointments and a reduction in the number of referrals which could be accepted from primary care which could then increase the burden on primary care. *The Director of Finance joined the meeting and the meeting became quorate.* ***Unexpected death***The Chief Executive referred to his report and the tragic unexpected death of a child in the community therapy service. The inquest had now taken place and although the conclusion was natural causes, with evidence of an infection, the Trust’s own investigation had identified areas in which the Trust could have done better – for example in management of equipment. The Trust would continue to work through the programme of changes which had been put in place and would support the family, whilst respecting their privacy. ***Workforce and staffing***The Chief Executive reported that the Trust had implemented its new approach to cease use of agency cover for Health Care Assistant (**HCA**) roles; this was also reported in the Chief Operating Officer’s report at BOD 67/2018. Initially some exceptional arrangements had needed to be put in place; HR and operations teams had worked hard on this to ensure that wards were well supported through the skills-mix in place, use of more registered nurses where necessary and more mobility of staff between mental health wards and community hospitals. As a result, the Trust was no longer routinely using agency HCAs. It was hoped that this would have a positive impact upon agency spend. Staffing levels on wards were also being closely monitored to ensure the safety of patients and staff; vigilance would be maintained over the bank holiday weekend. ***Electronic Health Records***The Chief Executive referred to his report and the Trust’s participation in the bid for funding to develop a LHCRE (Local Health and Care Record Exemplar), noting that this would be awarded in two tranches. The Trust was also considering options in relation to renewal of the contract for the provision of its Electronic Health Record. ***Mental Health Awareness Week***The Chief Executive referred to his report and the Stress Steering Group which had been set up, together with the launch of a survey focused on staff stress. ***NHS Providers’ Governor Advisory Committee (GAC)***The Chief Executive referred to his report and congratulated Chris Roberts, the Trust’s Lead Governor, on his election to the GAC, a national body. ***Care Quality Commission (CQC) Well Led inspection***The Chief Executive noted that the Trust was awaiting the draft report from the CQC and would then review and respond for factual accuracy. He reported that the CQC had separately followed-up with the Trust on actions to undertake in relation to: creating a children’s waiting area in the Witney Minor Injuries Unit; dealing with overcrowding more generally in the Witney waiting area; monitoring of pain relief (through process and practice); and monitoring of refrigerator temperatures (through systems). He highlighted the importance of making the most of technology and putting in place an automated system to monitor refrigerator temperatures although he noted that this would also require investment and incur cost of approximately £100,000. To progress some of the other actions would also incur cost and potentially reprioritisation of the capital programme. He asked the Board for agreement for the Trust to progress these actions. The Board discussed and John Allison asked if the children’s waiting area was a priority. The Director of Nursing & Clinical Standards replied that it was and that the status quo was not acceptable. The Board AGREED that the Executive should progress the actions which the CQC had followed-up. ***Health & Wellbeing Board (H&WB) Oxfordshire – increasing provider collaboration***The Chief Executive confirmed that he was now a member of the H&WB in Oxfordshire on behalf of the Trust. He noted that this could represent a positive change to help the H&WB to engage with providers, as well as commissioners, and to move towards more provider collaborative models of care. This would also be consistent with the Buckinghamshire, Oxfordshire and Berkshire West (**BOB**) Sustainability and Transformation Partnership (**STP**) progressing towards the development of an Oxfordshire Integrated Care System (**ICS**) along the lines of the Buckinghamshire ICS. He also noted how this was supported by the Trust’s recent experience in implementing New Models of Care, such as the Forensic New Care Model, which may become useful in demonstrating how shared system targets could be made to work and that the Trust had experience in managing commissioning budgets. The Trust’s collaborative work with GP Federations, through the Oxfordshire Care Alliance, could also becoming significant in affording more opportunities to step up and manage commissioning budgets. The Chief Executive also noted that the Buckinghamshire ICS operational plan was appended to the report for information. The Trust Chair highlighted the useful Legal, Regulatory and Policy update also appended to the report. The Board discussed the uncertainty around the future remit of STPs, which was still very much under consideration. The Trust Chair and the Chief Executive emphasised the Trust’s willingness to be involved and to be an active partner in the |  |
| lmn | evolution of STPs and ICSs. The Trust Chair noted that it would be useful to invite Fiona Wise, Executive Lead of the BOB STP, to attend a future strategy session. The Board discussed the Buckinghamshire ICS operational plan and noted that its achievement may be jeopardised if the deficit situation of Buckinghamshire CCG contributed to it no longer funding the development of a core 24 mental health liaison service at Stoke Mandeville. The Chief Executive emphasised the importance of holding partners in the ICS to account against delivery of the ICS operational plan. The Director of Nursing & Clinical Standards noted that the ICS operational plan could also benefit from further development to recognise the Mental Health Five Year Forward View as more of a priority and to acknowledge the needs of people with Learning Disabilities and the importance of reducing health inequalities for people with Mental Health or Learning Disabilities issues. ***Consultant appointments*** The Chief Executive referred to his report and the appointment of Dr Claudia Camden-Smith to the post of Consultant Forensic Psychiatrist in Learning Disability on Evenlode Ward at the Oxford Clinic, Littlemore. **The Board AGREED that the Executive should progress the actions which the CQC had followed-up. The Board noted the report and ratified the consultant appointment.**  | **MW** |
| **BOD 85/18**ab | **Year-End Reports**The year-end reports were presented to the Board for approval. The Chair of the Audit Committee, Alyson Coates, confirmed that the Audit Committee had reviewed each document at its meetings on 23 April 2018 and 22 May 2018 and had resolved to recommend that the Board approve each. ***Trust Annual Report 2017/18 including Quality Report 2017/18***The Board confirmed that the Annual Report had been reviewed by both the Audit Committee and auditors, and it had been written in line with the statutory and regulatory requirements. The Quality Report had also been reviewed by both the Audit Committee and auditors and had been developed in line with national guidance.  |  |
| cdef | **The Board APPROVED the Trust Annual Report 2017/18 and the Quality Report 2017/18.** ***Financial Statements & Accounts 2017/18 (including Letters of Representation for: (i) the Financial Statements, Annual Report and Annual Governance Statement; and (ii) the Quality Report)*** The Director of Finance presented the report BOD 63/2018 which set out the 2017/18 Financial Statements & Accounts. He reported that, further to discussion at the Audit Committee, the final accounts now included:* reference to note 22.3 against the Statement of Cash Flows, in relation to capital and interest on PFI (Private Finance Initiative), LIFT (Local Improvement Finance Trust) and other service concession payments/obligations; and
* constructive losses (although *de minimis*) in note 24 on losses and special payments.

The Director of Finance reminded the Board that the Trust’s new external auditors had taken on the external audit of the year-end reports. He reported that the process had gone very well and noted that the new external auditors had taken a slightly different approach. The Assistant Trust Secretary explained that, as a result of the different approach which had been taken, this year there were two letters of representation for each of the two different audit standards which had been applied: (i) the audit of the Financial Statements, Annual Report and Annual Governance Statement; and (ii) the limited assurance engagement in respect of the Quality Report. The Audit Committee had received and recommended the letters of representation. **The Board APPROVED the Financial Statements & Accounts 2017/18 and approved the Letters of Representation to be sent to the Trust’s auditors.**  |  |
| **BOD 86/18**abcdefghi | **Chief Operating Officer’s Report**The Chief Operating Officer presented the report BOD 67/2018 which provided an update on quality, people and sustainability together with a narrative of key issues being managed by the Operational Management Team. ***Quality***The Chief Operating Officer referred to his report and the temporary enhancements to the pathway through the Emergency Department at Oxford University Hospitals NHS FT (**OUH**) for young people with mental health problems. The Trust had responded to concerns from OUH on overnight care planning. However, a new service specification would need to be developed in collaboration with OUH and Oxfordshire CCG. ***People***Phase 2 of the consultation on the proposed new structure for Operations was subject to review by the Executive and then by the Staff Partnership, Negotiation and Consultative Committee. The Chief Operating Officer referred to his report and the decision by Oxfordshire County Council to take back Older People’s mental health social work and transfer staff (approximately 11) back to the Council. This would not apply to Adult social work. He noted that the reasons were complex but there had been issues with: interoperability between the electronic health record systems of the Trust and of the Council which had led to delays in updates being received; and scrutiny of this area by the Council’s audit committee. He noted that he had notified the Trust of this last year, potentially to the Trust’s Audit Committee. Alyson Coates replied that she did not recall this being escalated to the attention of the Audit Committee. Upon checking, the Chief Operating Officer corrected his statement and explained that he had notified the Executive and that the Executive had then directed that this be escalated through the Caring & Responsive quality sub-committee to the Quality Committee, rather than to the Audit Committee. Alyson Coates expressed concern that the Trust had not been able to deliver on provision of integrated care with the County Council and that this had now resulted in de-integration. She also noted that she did not recall being sighted on this. She asked where the warnings had been through the Trust’s performance reporting systems. The Chief Operating Officer replied that this had been signposted through his regular reporting to Board; the Performance Report also included reporting on the Joint Management Group arrangements. The Chief Executive noted that whilst this was a retrograde step away from the Trust’s principles of integrated care, it was not necessarily an unusual stance for councils to take.***Sustainability*** The Chief Operating Officer referred to his report and challenges with key CCG contracts including operational issues – waiting times for routine mental health assessments had been extended from 4 to 8 weeks in the City team to cope with unfunded rising demand. There had also been an increase in contract scrutiny from Oxfordshire CCG. The Chief Operating Officer referred to his report and the ‘star chamber’ which had been held to review Trust-wide programmes and projects. He noted that central tracking of projects through the Performance Team, rather than across Directorates, would help to provide more assurance reporting. He emphasised the potential benefits of investing in additional capacity to support the Cost Improvement Programme (**CIP**) and projects which carried in-year financial benefits. However, he noted that for other projects, it was necessary to reprioritise work or redirect existing resources. Lucy Weston noted that CIPs may represent short-term savings and asked if the ‘star chamber’ could be an opportunity to consider longer term savings, over a 5-10 year period, in the context of strategic work flows and potential long term benefits in areas such as population health or school health. The Chief Operating Officer agreed and replied that there was already a CIP project to focus on productivity and use of resources to invest in providing services. The Director of Finance added that productivity should also be understood within the context of the constraints placed upon provision of services by the NHS commissioning and contracting model. The Trust’s contracts to provide services tended not to be for as long as 10 years; there was a risk of investing and then losing a contract or not being funded to support ongoing investment in the future. The Chief Operating Officer referred to his report and work he was leading on to attract external investors to help to solve problems associated with key worker housing. He reported that the Oxfordshire-wide key worker housing conference had considered a range of potential short term and longer-term interventions in this area. Lucy Weston suggested that housing associations should also be involved as there was significant willingness to meet key worker needs. **The Board noted the report.**  |  |
| **BOD 87/18**abcdefghij | **Performance Report**The Director of Strategy & Performance presented the report BOD 68/2018 on performance against the Single Oversight Framework for April 2018 (Month 1). The Trust had achieved 85% of the 449 performance indicators reported in April (although overall numbers were anticipated to change with the addition of Buckinghamshire Child & Adolescent Mental Health Service (**CAMHS**) data once available). The number of reportable indicators varied each month (depending upon the frequency of the reporting expected e.g. quarterly or monthly) but the Trust generally achieved 90% compliance overall. Areas of underperformance were set out in the report. Workforce pressures and difficulties in recruitment and retention continued. This was also the first month of performance reporting following the organisational restructure of clinical directorates. The restructure had had the benefit of reducing the number of reportable indicators and releasing capacity in the performance team to focus more on analysis, whereas previously collection and reporting of information had generated a significant burden. The Director of Strategy & Performance highlighted the support which had been received from Oxfordshire CCG as the first commissioner to work through with the Trust the list of previously reported indicators which the Trust would now be able to stop reporting against (especially against indicators where there was nothing to measure on a target basis). However, whilst the restructure and realignment of operational services into new all-ages pathways would also have the benefit of facilitating reporting on Mental Health, Community and Specialised Services and enabling reporting by county to become less complex, it would not be possible to compare like-for-like performance against the previous clinical directorates (although the Trust’s overall performance against indicators could still be compared against previous months). Month 1 would, therefore, be the baseline month against which future months’ reporting would be compared. In relation to performance indicators for the Section 75 Agreements with Oxfordshire County Council, the Trust had achieved 92% compliance in Month 12, which compared favourably to 91% the previous month and 92% the month before (reporting was one month in arrears). The All Ages Mental Health Oxfordshire Directorate (which also included Swindon, Wiltshire & BaNES (Bath & North East Somerset)) had achieved 87% compliance in April. Issues and anomalies were as set out in the report. He noted that the backlog in Oxfordshire CAMHS may not be as significant as originally thought but an improvement trajectory would be produced and shared with commissioners. The All Ages Mental Health Buckinghamshire Directorate had achieved 84% compliance in April. The Community Services Directorate (Oxfordshire) had achieved 80% compliance in April. Pressures continued in particular for Out Of Hours (**OOH**) services but only 2 of 9 indicators were below the exception reporting threshold and the service continued to ensure that patients had remained safe whilst under OOH care. In relation to Delayed Transfers of Care (**DToCs**), although the Trust had in previous months been able to report improvements, this position had now reversed and against a target of 15, the Trust was now reporting 16-17 DToCs. The Specialised Services Directorate had achieved 86% compliance in April and the community dental service had achieved 100% of its indicators. The Trust Chair noted that he had had some concerns previously in relation to care reviews, especially in light of incidents which had highlighted that care reviews had not been followed-up. Where issues had been highlighted previously, he suggested that it would be useful for reporting to follow these through and then confirm whether they had been resolved or whether issues were intractable. In particular, if issues had not been able to be resolved by the Executive then the Board should be informed. He noted that it would be useful for reporting to confirm whether issues had been able to be closed and to set out which issues may be ongoing and intractable. The Director of Strategy & Performance to action. Alyson Coates requested that the flagging system used in the report also be checked, especially in the section on Adults where some red-rated indicators had been reported against green flags which rendered the overall message potentially unclear. The Director of Strategy & Performance to action. **The Board noted the report.**  | **MW****MW** |
| **BOD 88/18**abcd | **Human Resources (Workforce Performance) Report**The Director of HR presented the report BOD 69/2018 which set out the position on workforce performance indicators including temporary staffing spend, the HCA agency reduction, vacancies, turnover, sickness, recruitment, management of concerns (whistleblowing) and Workforce Race Equality Standards. He provided an update on staff side views of the recent NHS pay offer, noting that this had not been unanimously supported as it was felt by some to be inadequate. The Director of Nursing & Clinical Standards reminded the Board that this may not be the view of all staff, some of whom were waiting for the national pay offer to be progressed. The Director of HR noted that the pay offer would provide some tangible improvements, especially for staff at the lower end of pay bands. However, some staff were keen to press for Oxford pay-weighting to reflect increasing living costs. The Director of Nursing & Clinical Standards added that living costs and proximity to London were also an issue in Buckinghamshire, not just Oxfordshire. The Director of HR referred to the HCA agency reduction and reported that the Executive had agreed to invest in the Staffing Solutions team to ensure that there was sufficient resource to support the initiative and the flexible workforce on the staff bank (including through the provision of clinical supervision and management, centrally provided rather than through each ward or unit). The HCA agency reduction had led to an increase in the numbers on the staff bank. He highlighted the opportunity for the staff bank to offer a more agile agency-type service. He reported that the Chief Executive’s team had discussed talent-spotting and succession planning and would be undertaking some more detailed work around this in coming weeks. Work was also progressing on the appointment of a new Trust Chair and a search agency had been selected by a panel including governors. The wider HR Strategy, with a particular focus on a ‘people’ session, would be separately subject to strategic Board discussion (date to be confirmed but preferably before the next Board Strategy Day in October). The Board Seminar in June would also receive an externally facilitated session on equality and diversity. The Assistant Trust Secretary referred to an action from the Board meetings in February and January at items BOD 24/18(c) and BOD 12/18(m), in relation to the development of the Workforce Report to cover training levels and appraisal/Personal  |  |
| e | Development Review (**PDR**) completion, and asked whether this would be included in future reporting. Alyson Coates asked when this information could be reported directly to the Board; she reminded the Board of the ‘limited’ assurance findings of an Internal Audit review in this area, as had been mentioned to the Board in November 2017 and January 2018. The Director of Corporate Affairs & Company Secretary added that this would also be pertinent to consider in light of the Staff Survey results. The Director of Strategy & Performance replied that this information was now available for directorates through service line reporting. The Director of Strategy & Performance noted that he could report just on the relevant Learning & Development/training information. The Chief Executive requested fuller reporting by service line but to include Learning & Development data such as training levels and appraisal/PDR completion rates. Action for the Director of Strategy & Performance to develop this reporting. **The Board noted the report.**  | **MW** |
| **BOD 89/18**a | **Inpatient Safer Staffing Report**The Director of Nursing & Clinical Standards presented the report BOD 70/2018 which, this month, provided more specific focus on: improvement work (including on Ruby and Sapphire Wards); CHPPD (Care Hours Per Patient Day) reporting requirements; and implementation of the Safe Care acuity and demand data collection module on the Health Roster. During 26 March to 22 April 2018, average weekly daytime fill rates for registered and unregistered staff were above the Trust target of 85%, being 91% or above for registered staff and 96% or above for unregistered. Average weekly night time fill rates had also been above the target of 85%. However, 7 wards had fallen below the 85% target for average daytime fill rates for registered nurses, down from 8 in the previous reporting period, but all wards had above 96% of unregistered staff to ensure safe staffing numbers overall. Substantive, bank and agency registered staff had been used to fill shifts. Average weekly agency usage had been 16.5% for the period, down from 17.3% from the previous reporting period, and at one point it had reduced to 14.4% which was the lowest weekly percentage of agency usage during the last year. There were no instances to link staffing levels with adverse patient outcomes; this was being monitored through the Trust’s incident reporting processes.  |  |
| bcde | The Director of Nursing & Clinical Standards noted that the HCA agency reduction had been implemented after the reporting period and midway through May 2018. She noted the work which had taken place to transition towards reducing use of agency HCAs and also anxiety from patients who had grown accustomed to agency HCAs who had provided continuity of care; these HCAs had been invited to join the Trust’s staff bank. A review of planned staffing levels and budgets, including matching ward establishments to budgets, was also taking place. The Director of Nursing & Clinical Standards referred to the report and highlighted:* recruitment of final year student nurses under a 2-year foundation programme;
* work taking place to standardise use of the Safe Care module prior to the summer period and the anticipated need to manage levels of staffing through periods of holidays/annual leave; and
* 2 new serious incidents for which Root Cause Analysis investigations were in progress. She added that nurses on one of the wards had also raised concerns around workload pressures and use of agency staff following an increase in the number of patients after the adoption of New Care Models; these concerns were being considered and the nurses would be involved in developing solutions.

The Chief Executive asked about high and increasing levels of sickness absence on Evenlode ward. The Director of Nursing & Clinical Standards replied that the caseload on the ward had changed significantly and there was a patient with particular complexities; although the nursing leadership was robust with a new matron and ward manager, the new consultant had not yet started in post. She acknowledged that sickness absence was a key indicator. **The Board noted the report.**  |  |
| **BOD 90/18**a | **Quality & Safety Report: Incident, Mortality and Patient Safety Report**The Director of Nursing & Clinical Standards presented the report BOD 71/2018 which provided an annual summary of: progress against patient safety objectives; incidents including Serious Incidents (**SIs**) and themes and learning; learning from  |  |
| bcde | deaths; harm reduction work including in relation to pressure damage and suicide prevention; restrictive practice/restraint; safeguarding; national safety alerts; health and safety including security; fire safety; infection prevention and control; medical devices; and safe premises and equipment. She highlighted progress which had been made in relation to demonstrating that care was being provided more safely for patients. In particular in relation to physical harm, there was more clarity on interventions and levels of consistency. Mortality reviews were also regularly taking place in directorates. She noted that work would be required: in relation to physical healthcare for patients with a mental illness to implement the new Physical Healthcare Strategy and avoid premature mortality; to evidence change in practice, for example following Coroners’ Prevention of Future Deaths reports; and to maintain focus on implementation of the Suicide Prevention Strategy in order to try to reduce further the level of suicides. John Allison referred to table 4 in the report on SIs with outstanding actions and noted the amount of work which SI investigations, and their follow-up, represented. He asked whether there had been any trend towards potential overuse of SIs. The Director of Nursing & Clinical Standards noted that although the use of Mortality Reviews rather than SIs helped to reduce the number of SIs in relation to deaths, there were still pressures and challenges to follow-up and close down all actions arising from SIs. The Chief Operating Officer noted that he would discuss recording closing down of actions with governance leads in the directorates; in the past he had found that staff may be progressing actions but reluctant to record their closure if they thought that there were still some ongoing elements. **The Board noted the report.** | **DH** |
| **BOD 91/18**a | **Infection Prevention & Control Annual Report 2017/18**The Director of Nursing & Clinical Standards presented the report BOD 72/2018 which provided assurance on Infection Prevention & Control activity including in relation to reduction in Healthcare Associated Infections such as MRSA bacteraemia, MSSA bacteraemia, gram negative organism bacteraemia and *clostridium difficile* infection. She noted that over time there had been an improved level of understanding and appreciation of  |  |
| bcd | this work, especially from Mental Health services. She emphasised the importance of cleanliness and good repair of environments in order to prevent infection. She noted that there were challenges with releasing staff to attend training and that 80% of staff had been trained during 2017/18 against a target of 90%. However, overall there was good assurance in relation to infection control. The Director of HR noted that flu and uptake of the flu vaccination was not mentioned in the report. The Director of Nursing & Clinical Standards explained that whilst the Infection Prevention & Control team would be involved if there were preparations for flu pandemics or outbreaks, routine immunisation was not part of their remit. There had also not been any flu outbreaks to include in this report. The Chief Executive noted that there could still be an opportunity in the future for the Infection Prevention & Control team to work more closely with Occupational Health in order to help transmit the message about the importance of immunisation.Lucy Weston referred to section 12.2 and the centralisation of decontamination audits in relation to patient equipment such as medical devices and mattresses. She asked whether the mattress audit and medical devices audit completion rates were a cause for concern. The Director of Nursing & Clinical Standards emphasised the importance of such audits as key clinical responsibilities; she noted that this was an area in which there was not a sole clinical lead but instead different staff led on different aspects. However, the overall results this year reflected the change to a new process and the transition from paper records to a new centralised online system; work to embed the new system over the coming year was planned. **The Board noted the report.**  |  |
| **BOD 92/18**abcd | **Finance Report** The Director of Finance presented the report BOD 73/2018 which summarised the financial performance of the Trust for April 2018 (Month 1, FY19). There was an Income and Expenditure deficit of £0.9 million which was £0.4 million adverse to plan. EBITDA (Earnings Before Interest, Taxation, Depreciation and Amortisation) was also £0.4 million adverse to plan. The adverse variance was mainly driven by operational pressures in relation to: high use of residential care services for Adult Mental Health services; and the costs of Out of Area Transfers (**OATs**), which had been high in April and were anticipated to increase during May. He noted that OATs had been a particular feature in Adult and Learning Disability services recently; the relevant patients had all been subject to section under the Mental Health Act and there had been a high level of demand rendering OATs necessary. OATs increases were also linked with overall contract discussions and system pressure. He emphasised the importance of tracking the situation and checking whether rebalancing would be required. The Chief Executive added that alongside agency spend, the cost of OATs could make a significant difference to the Trust’s financial performance as well as being an indicator of service quality and a performance marker for achievement of the Mental Health Five Year Forward View. He noted that it was useful for the Finance Report to highlight the impact of OATs. In relation to OATs, the Board discussed issues with insufficient funding for services combined with the current model of service provision. The Chief Executive noted that if there was more capacity in community Mental Health services to provide earlier intervention for people then it may be possible to avoid the number of detentions and admissions which lead to OATs. The cash balance was healthy and £2 million higher than plan. Capital expenditure was £0.8 million below plan. The Use of Resources risk rating remained a ‘3’ (where ‘1’ was the best rating/low risk and ‘4’ the worst/high risk); within this the agency and capital service cover metrics were rated as ‘4’. **The Board noted the report.**  |  |
| **BOD 93/18**abcdef | **2018 Board self-certifications to NHS Improvement**The Director of Corporate Affairs & Company Secretary presented the report BOD 74/2018 on the self-certifications required for the Trust to be able to confirm compliance with its NHS provider licence. As set out in the report, a further self-declaration would be required in June. The Director of Corporate Affairs & Company Secretary emphasised the importance of the self-certifications in the context of the NHS provider licence as NHS Improvement’s tool for regulating providers of services, especially in the event of compliance notices or enforcement action. She explained that this was also particularly timely for the Board to consider when it had also recently been considering its internal control environment and any significant control weaknesses, as part of finalising the Annual Governance Statement. The Director of Corporate Affairs & Company Secretary drew particular attention to declaration no. 3 in relation to the Continuity of Services Condition 7 – availability of resources. In previous years, the Board had chosen to make declaration 3(a) – that the Board had a reasonable expectation that the Trust would have the required resources available to it after taking into account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in the certificate. However, this year, she invited the Board to consider declaration 3(b) – that although the Board still had a reasonable expectation that the Trust would have the required resources available to it, the Board would also like to draw attention to further factors which may cast doubt on the ability of the Trust to provide Commissioner Requested Services (**CRS**). The Board discussed whether to make declaration 3(a) or 3(b). Alyson Coates noted that although the Trust was a going concern for FY19, in light of potential issues around under-resourcing and the potential impact on quality and performance, declaration 3(b) may provide options to better describe the challenges which the Trust now faced and an opportunity to signpost the further factors of concern. The Chief Executive highlighted that the situation with contracts for FY19 having not yet been signed with commissioners for Oxfordshire, Buckinghamshire and specialised services through NHS England was a relevant factor and a financial resourcing risk which could cast doubt on the ability of the Trust to provide CRS; he noted how this compared to last year when contracts had been signed by this equivalent time, even though there had been uncertainties around the potential impact of the risk share agreement in Oxfordshire. The Director of Finance confirmed that the Trust was a going concern for FY19 and noted that the Trust had agreed to its control total but in so doing it had also taken the opportunity to highlight that there were challenges and concerns. In the event of making declaration 3(b), the Board discussed potential mitigations and actions which could be taken. The Chief Executive noted that, given that the Trust had evidenced activity increases and high levels of efficiency but still faced a financial resourcing risk then the relevant mitigation to deal with the financial resourcing risk was to review thresholds for access to services so that activity levels could be reduced to the capacity which the Trust was actually funded to provide, even though this would be undesirable and would have implications for the wider health and care system. **The Board APPROVED the declarations as follows:**1. **following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Finance Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution – CONFIRMED;**
2. **the Board declares that the Licensee continues to meet the criteria for holding a licence – CONFIRMED; and**
3. **declaration 3(b) – after making enquiries, the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the required resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to provide CRS: *financial resourcing risks to the delivery of CRS. As at 24 May 2018, none of the Trust’s contracts with commissioners (in Oxfordshire, Buckinghamshire and for specialised services with NHS England) for FY19 had yet been signed. The Trust has evidenced activity increases and high levels of Trust efficiency but is now preparing for the possibility that it may need to review thresholds for access to services so that there is a realistic prospect of reducing activity levels to the capacity it is funded to provide, although this would have implications for the wider health and care system, as discussed at Board meetings in public 2018 to date* – CONFIRMED.**
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| **BOD 94/18**a | **Strategic Partnerships update report**The Director of Strategy & Performance noted that this report would be presented to the Board meeting in private but that in future it was intended that it could start to be presented in public.  |  |
| **BOD 95/18**ab | **Updates from Committees – Audit Committee meetings on 23 April 2018 and 22 May 2018**Alyson Coates presented the minutes of the Audit Committee meeting on 23 April 2018 at BOD 76/2018 and provided an oral update of the meeting on 22 May 2018. She noted that the year-end reports, as reviewed and recommended at the Audit Committee meeting on 22 May 2018, had already been discussed earlier in the meeting. She added that the 22 May 2018 meeting had also considered the clinical audit programme and the Trust’s preparedness in relation to the ‘prevent’ programme and emergency planning. **The Board received the minutes.**  |  |
| **BOD 96/18**a | **Any Other Business and Strategic Risks**No other business.  |  |
| **BOD 97/18**a | **Questions from Observers**None.  |  |
| **BOD 98/18**a | In accordance with Schedule 7 of the NHS Act 2006, the Board resolved to exclude members of the public from Part 2 of the board meeting having regard to commercial sensitivity and/or confidentiality; personal information; and legal professional privilege in relation to the business to be discussed. |  |
|  | The meeting was closed at 11:48. **Date of next meeting: 27 June 2018** |  |

1. Non-voting [↑](#footnote-ref-1)
2. Non-voting [↑](#footnote-ref-2)
3. Non-voting [↑](#footnote-ref-3)
4. Non-voting [↑](#footnote-ref-4)